

<b>Case Number:</b>	CM14-0119914		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 6/12/13. A utilization review determination dated 7/18/14 recommends non-certification of PT and IF unit rental. 24 PT sessions have been completed after surgery on 2/4/14. 7/14/14 medical report identifies a history of L3-4 and L4-5 discectomy. He has had some recent setbacks where small movements in his back have caused re-aggravation of spasms. This has created a great amount of emotional anxiety for the patient as well as fear and concerns that he is not moving forward with his recovery. On exam, there is minimal tenderness. Recommendations include additional PT and psychological counseling. 7/9/14 medical report identifies LUE pain as well as pain in the lumbar spine and LLE. On exam, there is limited ROM. Patient is said to have improved ROM with PT, but this is not quantified. Recommendations include PT and an IF unit as the provider notes that pain is ineffectively controlled due to diminished effectiveness of medications and unresponsiveness to conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy 2 x 4 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Physical Medicine Page(s): 98-99 of 127, Postsurgical Treatment Guidelines Page(s): 10 and 26.

**Decision rationale:** Regarding the request for physical therapy, CA MTUS recommends up to 16 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of 24 prior PT sessions with some unquantified ROM improvement, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS. In light of the above issues, the currently requested physical therapy is not medically necessary.

**IF (interferential current simulation) unit- 30 days rental:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 118-120 of 127.

**Decision rationale:** Regarding the request for interferential unit rental, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, the provider notes that pain is ineffectively controlled due to diminished effectiveness of medication and the patient has been unresponsive to conservative treatment. Therefore, a trial of interferential stimulation is appropriate. In light of the above, the currently requested interferential unit rental is medically necessary.